ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ANNUAL REPORT 1983

85-1536/

ANNUAL REPORT: 1983

of

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

Submitted to

The Honourable D. J. Russell

Minister of Hospitals and Medical Care

Alberta

HEALTH FACILITIES REVIEW COMMITTEE

403/427-4924

2nd Floor, Pacific Plaza
10909 Jasper Avenue
Edmonton, Alberta, Canada
T5J 3M9

10 May 1984

The Honourable David Russell,
Minister of Hospitals and Medical Care,
Room 420, Legislature Building,
Edmonton, Alberta.

Dear Mr. Russell:

I have the honour to present the Annual Report of the Alberta Health Facilities Review Committee, summarizing the activities of the Committee for the year ending 31 December 1983.

Respectfully submitted,

Dennis L. Anderson, M.L.A.
Chairman

TABLE OF CONTENTS

INTRODUCTION 1

ACTIVITIES:

MEETINGS 3

VISITS 6

INSTITUTIONS VISITED IN 1983 8

COMPLAINTS: 17

Number of Complaints 18

Nature of Complaints 19

OBSERVATIONS 21

RECOMMENDATIONS 24

MEMBERS OF THE COMMITTEE 34

OFFICE 35

APPENDIX:

THE ALBERTA HEALTH FACILITIES REVIEW COMMITTEE ACT

INTRODUCTION

The Alberta Hospital Visitors Committee was established by the Alberta Hospital Visitors Committee Act in 1972, with a mandate to visit and inspect health facilities throughout the Province. Institutions included were Active Treatment Hospitals, Auxiliary Hospitals, Nursing Homes, Mental Health Facilities, and Homes for Special Care. The Act was amended in 1973 to include Senior Citizens Lodges and Contract Nursing Homes. The first meeting of the Committee took place in November 1973, and the first visits in March 1974.

An amendment in November 1978 changed the name to the Alberta Health Facilities Review Committee, and clarified the Committee's authority to receive and investigate complaints. The investigation of complaints had always been part of the Committee's role, but it was felt that it should be clearly stated that the Committee's mandate included the investigation of complaints in private nursing homes.

Social Services and Community Health institutions, and Mental Health Hospitals, were removed from the Committee's mandate, and the Social Care Facilities Review Committee was established to undertake this responsibility. Subsequently, in 1983, the two Mental Health Hospitals were returned to the mandate of the Health Facilities Review Committee.

The revised Alberta Health Facilities Review Committee Act was proclaimed in August 1980. The Act provides broad terms of reference for the Committee's activities, excluding only access to individual treatment records and financial records of the institution.

In executing the Committee's mandate in 1983, members made routine, unannounced visits to 253 health care facilities and senior citizens' lodges, received and investigated 71 complaints, and made recommendations to the Minister of Hospitals and Medical Care, the Minister of Housing, and to local Boards.

ACTIVITIES

REGULAR MEETINGS

Meetings of the Committee are held regularly, usually at monthly intervals. The Committee's schedule for the forthcoming month is approved, reports are presented on institutions visited, and the status of complaints under investigation is reviewed.

Eleven regular meetings were held during 1983: one two-day meeting and ten one-day meetings.

Discussions were held with the following:

The Honourable D. Russell,
Minister of Hospitals and Medical Care

The Honourable L. Shaben,
Minister of Housing

Mrs. Elva Mertick,
Director of Bereavement Program
for The Hospice Project in Alberta

Alberta Hospital Association Nursing Home Team

Nursing Home Standards and Review Team

Mr. Joel Christie,
Public Guardian

Mrs. C. M. Wood, Vice Chairman was invited to address the Southern Alberta Chapter of the Canadian College of Health Service Executives, and the North East Regional Conference on the terms of reference and responsibilities of the Committee.

Three members of the Committee met with representatives of Home Care to discuss the role of Home Care in lodges. Representatives of Home Care were:

Mrs. Jean Schmidt, Manager, Home Care Unit
Ms. Sharon Tell, Nursing Co-ordinator
Ms. Sheila Weatherill, Home Care Consultant

Two Committee members attended an Executive meeting of the Senior Citizens' Homes Association to discuss Senior Citizens' Lodges, and the Committee's role in visiting them.

On the invitation of Calgary Nursing Home and Auxiliary Hospital District No. 7, two members visited nursing homes and auxiliary hospitals to meet with staff and explain the purpose and activities of the Committee.

VISITS:

Visits to institutions are planned monthly, and are authorized by resolution of the Committee. A visiting team is usually made up of two or three members. Time spent at each institution on such visits may be up to two days, depending on the size of the institution. Visits are unannounced.

The visiting team reports on care, atmosphere, comfort, food, activities and programs, community involvement, patient/guest morale, staff morale and general attitudes, and physical plant. After meeting with the administration and being shown through the building, members conduct the visit unaccompanied by staff. Discussions with patients, staff and visitors are, as often as possible, on a one-to-one basis. The Committee sees its role as that of considering the institution from a layman's point of view.

The visiting members prepare a written report on the institution for the Committee's records, and the findings of the visit are discussed by the Committee as a whole at the next

regular meeting. When concerns are expressed or favourable comments made to the visiting members, they are brought to the attention of the facility's administration and/or Board, and in some cases the appropriate Government Minister, by letter and/or verbally. Where necessary, the Committee schedules a follow-up visit to check and monitor a particular situation.

A total of 1,666 routine visits have been made to institutions since the Alberta Health Facilities Review Committee began its work in 1974.

The following lists, Institutions Visited in 1983, do not include visits to institutions to investigate complaints.

INSTITUTIONS VISITED IN 1983

GENERAL HOSPITALS (91):

Banff - Mineral Springs General Hospital
Barrhead General Hospital
Bashaw General Hospital
Beaverlodge Municipal Hospital
Bentley General Hospital
Berwyn Municipal Hospital
Blairmore - Crowsnest Pass General Hospital
Bonnyville - Duclos Hospital
Bonnyville - St. Louis General Hospital
Bow Island General Hospital
Breton General Hospital
Brooks General Hospital
Calgary - Alberta Children's Provincial General Hospital
Calgary General Hospital
Calgary - Colonel Belcher Hospital
Calgary - Foothills Provincial General Hospital
Calgary - Rockyview General Hospital
Calgary - Salvation Army Grace Hospital
Canmore Municipal Hospital
Cardston Municipal Hospital
Carmangay - Little Bow Municipal Hospital
Castor - Our Lady of the Rosary General Hospital
Claresholm General Hospital
Coaldale Community General Hospital
Consort Municipal Hospital
Coronation Municipal Hospital
Daysland General Hospital
Devon Civic Hospital
Drayton Valley General Hospital
Drumheller General Hospital
Eckville Municipal Hospital
Edmonton General Hospital
Edmonton - Misericordia Hospital
Edmonton - Royal Alexandra Hospital
Elk Point Municipal Hospital
Elnora General Hospital

Fairview Municipal Hospital
Fort Macleod Municipal Hospital
Fort McMurray Regional Hospital
Fort Saskatchewan General Hospital
Galahad General Hospital
Glendon Municipal Hospital
Grande Prairie Municipal Hospital
High Prairie Regional Health Care Complex
Hinton General Hospital
Hythe Municipal Hospital
Islay Municipal Hospital
Jasper - Seton General Hospital
Killam General Hospital
Lac La Biche General Hospital
Lacombe General Hospital
Lethbridge Municipal Hospital
Lethbridge - St. Michael's General Hospital
Magrath Municipal Hospital
Manning Municipal Hospital
Mannville Municipal Hospital
Mayerthorpe General Hospital
Medicine Hat General Hospital
Milk River - Border Counties General Hospital
Mundare - Mary Immaculate General Hospital
McLennan - Sacred Heart General Hospital
Olds Municipal Hospital
Picture Butte Municipal Hospital
Pincher Creek Health Care Centre
Provost Municipal Hospital
Radway Health Care Centre
Raymond Municipal Hospital
Red Deer Regional Hospital
Redwater - Thorhild County General Hospital
Rocky Mountain House General Hospital
Slave Lake General Hospital
Smoky Lake - George McDougall Memorial Hospital
Spirit River - Central Peace General Hospital
Stettler General Hospital
Stony Plain General Hospital
Sundre General Hospital
St. Albert - Sturgeon General Hospital
St. Paul - St. Therese General Hospital

Taber General Hospital
Three Hills Municipal Hospital
Tofield Municipal Hospital
Trochu - St. Mary's General Hospital
Turner Valley Municipal Hospital
Valleyview General Hospital
Vegreville - St. Joseph's General Hospital
Vermilion Municipal Hospital
Vilna - Our Lady's General Hospital
Vulcan Municipal Hospital
Wainwright General Hospital
Westlock - Immaculata General Hospital
Whitecourt General Hospital

AUXILIARY HOSPITALS (25):

Calgary - Bethany Care Centre
Calgary - Cross Bow Auxiliary Hospital
Calgary - Fanning Centre
Cardston - Cardston Auxiliary Hospital
Claresholm - Willow Creek-Claresholm Auxiliary Hospital
Drumheller - J. Cramer Auxiliary Hospital
Edmonton - Allen Gray Auxiliary Hospital
Edmonton - Dickinsfield Extended Care Centre
Edmonton - Good Samaritan Auxiliary Hospital
Edmonton - Grandview Auxiliary Hospital
Edmonton - Lynnwood Auxiliary Hospital
Edmonton - Mewburn Veterans' Centre
Edmonton - Norwood Auxiliary Hospital
Edmonton - St. Joseph's Auxiliary Hospital
Grande Prairie Auxiliary Hospital
Killam - Flagstaff Auxiliary Hospital
Lac La Biche Auxiliary Hospital
Lethbridge Rehabilitation Hospital
Medicine Hat - Dr. Dan McCharles Auxiliary Hospital
Red Deer - Dr. Richard Parsons Auxiliary Hospital
Stettler - Dr. A. E. Kennedy Auxiliary Hospital
Vegreville - Minburn-Eagle Auxiliary Hospital
Wainwright Auxiliary Hospital
Westlock - Barrhead-Thorhild-Westlock Auxiliary Hospital
Whitelaw - Hotel-Dieu de St. Joseph Auxiliary Hospital

NURSING HOMES (53):

Athabasca - Extendicare Nursing Home
Barrhead Nursing Home
Blairmore - Crowsnest Pass Nursing Home
Bow Island Nursing Home
Brooks - Newell Nursing Home
Calgary - Beverly Nursing Home
Calgary - Bow-Crest Nursing Home
Calgary - Bow View Nursing Home
Calgary - Brentwood Nursing Home
Calgary - Cedars Villa Nursing Home
Calgary - Central Park Lodge Nursing Home
Calgary - Chinook Nursing Home
Calgary - Extendicare Nursing Home
Calgary - Forest Grove Nursing Home
Calgary - Glamorgan Nursing Home
Calgary - Mayfair Nursing Home
Calgary - Scottish Nursing Home
Calgary - Southwood Nursing Home
Cardston - Grandview Nursing Home
Coronation - Coronation-Paintearth Nursing Home
Drumheller - Dr. T. R. Ross Memorial Nursing Home
Edmonton - Central Park Lodge Nursing Home (Jasper Place)
Edmonton - Extendicare Nursing Home (North)
Edmonton - Extendicare Nursing Home (Southgate)
Edmonton - Good Samaritan Nursing Home (Mount Pleasant)
Edmonton - St. Michael's Nursing Home
Edmonton - Venta Nursing Home
Fairview Nursing Home
Fort Saskatchewan - Rivercrest Lodge Nursing Home
Grande Prairie - Swan Haven Nursing Home
Lac La Biche Nursing Home
Lacombe Nursing Home
Lethbridge - Southland Nursing Home
Linden Nursing Home
Mayerthorpe - Extendicare Nursing Home
Medicine Hat - Central Park Lodge Nursing Home
Medicine Hat - Sunnyside Nursing Home
Midnapore - Father Lacombe Nursing Home
McLennan - Our Lady of the Lake Nursing Home

Provost and District Nursing Home
Red Deer Nursing Home
Red Deer - Valley Park Manor Nursing Home
Red Deer - West Park Nursing Home
Sherwood Park Nursing Home
Smoky Lake Nursing Home
Stettler Nursing Home
Stony Plain - Good Samaritan Nursing Home
St. Albert - Youville Nursing Home
St. Paul - Extendicare Nursing Home
Vegreville Nursing Home
Vermilion - Alice Keith Nursing Home
Vulcan - Extendicare Nursing Home
Westlock Nursing Home

SENIOR CITIZENS' LODGES (84):

Barrhead - Hillcrest Senior Citizens' Lodge
Bashaw Valley Lodge
Berwyn - Autumn Lodge
Blairmore - York Creek Lodge
Bonnyville - Bonny Lodge
Bow Island - Pleasant View Lodge
Brooks - Newbrook Lodge
Calgary - Bow Valley Lodge 100
Calgary - Bow Valley Lodge 200
Calgary - Elbow Valley Lodge 700
Calgary - Elbow Valley Lodge 800
Canmore - Bow River Lodge
Cardston - Chinook Lodge
Claresholm - Porcupine Hills Lodge
Coaldale - Sunny South Lodge
Cochrane - Cochrane Senior Citizens' Lodge
Consort Lodge
Crossfield - Rocky View Lodge
Drayton Valley - Shangri La Lodge
Drumheller - Sunshine Lodge
Eckville Manor House
Edmonton - Belvedere Lodge
Edmonton - Bethany Lodge
Edmonton - Elmwood Lodge
Edmonton - Kiwanis Place
Edmonton - McQueen Lodge
Edmonton - Meadowlark Lodge
Edmonton - Northway Lodge
Edmonton - Ottewell Lodge
Edmonton - Pleasantview Lodge
Edmonton - Rosslyn Lodge
Evansburg - Sunshine Lodge
Fahler - Villa Beausejour Lodge
Fort Saskatchewan - Dr. Turner Lodge

Gibbons - Spruceview Manor
High Prairie - Pleasant View Lodge
Holden Lodge
Hythe Pioneer Home
Lac La Biche - Lacalta Lodge
Lacombe Lodge
Legal - Chateau Sturgeon Lodge
Lethbridge - Alberta Rose Lodge
Lethbridge - Blue Sky Lodge
Lethbridge - Golden Acres Lodge
Lethbridge - Green Acres Lodge
Magrath - Diamond Willow Terrace Lodge
Manning - Del-Air Lodge
Mayerthorpe - Pleasant View Lodge
Medicine Hat - Cypress View Lodge
Medicine Hat - Teeoda Lodge
Medicine Hat - Wild Rose Lodge
Milk River - Prairie Rose Lodge
Morinville - Heritage Place Lodge
Mundare - Father Filas Lodge
Nanton - Silver Willow Lodge
Olds - Mount View Lodge
Picture Butte - Piyami Lodge
Pincher Creek - Crest View Lodge
Provost - Hillcrest Lodge
Raymond - Ridge View Lodge
Red Deer - Pines Lodge
Red Deer - Twilight Lodge
Redwater - Diamond Spring Lodge
Rocky Mountain House - Westview Lodge
Sherwood Park Lodge
Smoky Lake - Bar-V-Nook Manor
Spirit River - Pleasant View Lodge
Stettler - Heart Haven Home
Stony Plain - Meridian Lodge
St. Albert - Chateau Mission Court
St. Paul - Sunnyside Manor
Sylvan Lake Lodge
Taber - Clearview Lodge

Three Hills - Golden Hills Lodge
Thorhild Lodge
Tofield Lodge
Valleyview - Red Willow Lodge
Vegreville - The Homestead Senior Citizens' Lodge
Vermilion - Vermilion Valley Lodge
Vilna Lodge
Vulcan - Peter Dawson Lodge
Wainwright - Battle River Lodge
Warburg - Clover Leaf Manor
Westlock - Pembina Lodge

MENTAL HEALTH FACILITIES (2):

Alberta Hospital Oliver
Alberta Hospital Ponoka

COMPLAINTS:

The Committee receives written and telephoned complaints in addition to those received during visits. They take precedence over routine visits and are investigated as soon as possible. Exceptions to this are concerns of a non-urgent nature which do not affect patient care. These are investigated on the next routine visit to the institution.

The question of investigating anonymous complaints has been debated from time to time, and the Committee has adopted the practice of accepting such complaints when they appear serious enough to warrant investigation. The Committee has chosen to do this because it is recognized that patients and relatives sometimes fear that staff's attitudes towards them may change if they lodge a complaint. This fear might be unfounded, but we can understand that people who are completely dependent on the service of others do feel vulnerable.

In 1983, the Committee received 71 complaints.

General Hospitals	20
Auxiliary Hospitals	8
Nursing Homes	20
Senior Citizens' Lodges	23

Nine complaints carried over from 1982:

Resolved	5
Recommendations made	3
Unsubstantiated	1

1983 Complaints:

Resolved	23
Recommendations made	19
To be investigated on next routine visit	2
Outside Committee's jurisdiction	7
Withdrawn by complainant	3
Referred to Minister of Hospitals	2
Referred to College of Physicians and Surgeons	1
Unsubstantiated	7
Held over to 1984	7
	71

NATURE OF COMPLAINTS:

General Hospitals:

- Alleged denial of laboratory and X-ray facilities to patients of doctor without privileges.
- Poor patient care.
- Poor staff attitude.
- Smoking in designated non-smoking lounge.
- Insensitive handling of patient's relatives.
- Food.
- Termination of employee.
- Delay in scheduling surgery - Operating Room not available.
- Misdiagnosis.

Auxiliary Hospitals:

- Patient not permitted to return home to be cared for by friend.
- Ex-patient not permitted to use gymnasium.
- Poor patient care.
- Disoriented patients disturbing to mentally alert patients.

Nursing Homes:

- Food.
- Lack of cleanliness.
- Aggressive relative.
- Rooms too small.
- Need for Hoyer lift.
- Poor staff attitudes.
- Smoking not permitted in lounge.
- Patient care.
- Loss of items of clothing and watch.
- Husband and wife separated.
- Retroactive increase in rent charged.
- Stained cups and plates.

Senior Citizens' Lodges:

- Food.
- Alcohol abuse.
- Intimidation of staff.
- Incompatibility of residents.
- Resident evicted for unacceptable behaviour.
- Building deteriorating.
- Rent charged by lodge for storing deceased resident's possessions.
- Residents not treated with dignity and consideration.
- Attitude of matron.
- Financial accountability.
- Employees terminated.

OBSERVATIONS

During their visits to health facilities and senior citizens' lodges throughout the Province, our members are continually impressed with the interest and dedication of staff, administration and trustees. Committee members talk to patients, residents and family members, and in most cases appreciation is expressed for the care and services being provided. There are concerns and complaints from time to time, but the percentage is not great when one considers the size of the health care system and the numbers of citizens using its services. As medical knowledge expands and new techniques are developed, the demands on health care increases, and at times these demands cannot be immediately met. The standard of health care in Alberta is high, but the struggle to reach better and better care and balance that with a realistic cost to the economy will no doubt continue for some time.

We have been interested in some of the excellent programs that have been developed:

OBSERVATIONS (continued):

Day Care:

Day hospitals provide an excellent service for people who live at home but can benefit from care and programs during the day. Unfortunately, there are very few day care centres available. Some nursing homes are providing day care for elderly people in their community, and perhaps other nursing homes with vacancies could consider providing a similar service.

Palliative Care:

There has been an increase in palliative care, and a greater awareness of the needs of terminally ill patients and their families. This trend should be encouraged.

Community Involvement and Recreational Activities:

The contribution made by volunteers is outstanding in many areas. Community involvement brings interest and activity into lodges and health care facilities, and our members have noted the improvement in the quality of life

OBSERVATIONS (continued):

in places where there are planned recreational activities and outings. Once again, these activities should be considered a priority in lodges and health care facilities that have not yet introduced such programs.

Home Care:

The Home Care program is providing a valuable service, and deserves continued support. The advantages of assisting people to maintain their independence and remain in their own community cannot be overstressed.

Staff training:

In-service training has been expanded in many institutions. Communication and co-ordination between hospitals, the availability of video equipment and tele-conferencing are all helping towards creating better informed and enthusiastic health care professionals.

RECOMMENDATIONS

Over the past few years, we have submitted a number of recommendations in our annual reports. We are gratified that many of these have been accepted and acted on, and that some have been restated by other committees. However, there are still several recommendations which, we believe, bear repeating, and we are including them in this report.

1. Psychogeriatric and Mentally Ill Patients:

One recurring concern on the part of staff members and residents of nursing homes and auxiliary hospitals is the problem inherent in caring for mentally ill and psychogeriatric patients. Such patients can sometimes be aggressive and difficult to handle, and nursing homes particularly are not staffed to cope with them. In many cases, the aggressive patients cannot be confined, and other residents become anxious and fearful.

RECOMMENDATIONS (continued):

It would be a backward step to isolate these patients in mental hospitals, but clearly some alleviation of the problem is necessary.

After discussions with staff members and administrative personnel, we believe that one possible solution would be to provide a separate wing for difficult to manage patients. We realize this would mean special, extra staffing, but we believe it would provide peace of mind for other residents and better care for the aggressive patients.

2. Multi-care facilities:

For the unfortunate people whose deteriorating health forces them to relinquish the independence of maintaining their own homes, life can become a series of leave-takings - from home to lodge, from lodge to nursing home, from nursing home to auxiliary hospital. To ease the stress of leaving friends and familiar surroundings, consideration should be given to providing multi-level facilities to accommodate different levels of care.

RECOMMENDATIONS (continued):

3. Senior Citizens' Lodges:

Lodges were built with the intention that they would provide accommodation for senior citizens who felt they could no longer maintain their own homes but who were in good health and able to care for themselves. The population of lodges has changed to the point where a significant number of residents require assistance for their personal care and medications, but there has been no change in staffing.

(a) Home Care:

Home Care provides a valuable service to lodges and we applaud this, but we believe that it is time for the Government to review the whole concept of lodges. This would require the joint discussions of the Minister of Housing, the Minister of Social Services and Community Health, and the Minister of Hospitals and Medical Care.

(b) Training:

The staff of most lodges are doing an excellent job in providing comfortable and happy homes for the residents, but they should have help. Training courses for matrons, cooks and maintenance staff would encourage them and help them with problems. Many receive no training and are left to work things

RECOMMENDATIONS (continued):

out for themselves. In a number of cases this results in complaints about food, complaints about maintenance, and complaints about lack of recreational activities.

A procedures manual for matrons would also be helpful for their guidance and reference. This should include sections on human relations, supervisory skills, budgeting, nutrition, maintenance, and information on services available to lodges and lodge residents.

(c) Fire Drills:

Many lodges have frequent fire drills, others do not, and we understand that present regulations do not require more than one fire drill a year. We believe that at least six fire drills a year would be more realistic to ensure that residents and staff are familiar with emergency procedures. The posting of instructions would also be useful.

(d) Medications:

Matrons sometimes undertake the responsibility for giving residents their medications. It would be advisable to have Home Care nurses and pharmacists set up a proper dispensing procedure for residents requiring assistance.

RECOMMENDATIONS (continued):

4. General Hospitals:

There are still many extended care patients in active treatment hospitals. In some cases these patients are waiting for admission to an auxiliary hospital, and in others, in rural areas for example, patients remain in active treatment hospitals to be close to their homes and families. Whatever the reasons these patients are not receiving the benefits of auxiliary care, and the active treatment beds are not available for acute care patients.

In the urban areas, extended care patients should be moved to auxiliary hospitals as soon as beds come available. In rural areas, where no extended care facilities exist, reclassifying some active treatment beds as auxiliary beds could be considered.

RECOMMENDATIONS (continued):

5. Auxiliary Hospitals:

When a patient is to be admitted to an auxiliary hospital, the patient, if possible, and the family should be encouraged to visit the facility before the admission to familiarize themselves with the surroundings, the programs and the regulations. We have found that families who have never visited an auxiliary hospital until the day of the patient's admission may not anticipate the dramatic change in lifestyle, and they and the patient have a more difficult time coming to terms with life in the hospital.

Where there is no social worker employed by an auxiliary hospital, we recommend that social work resources be made available.

RECOMMENDATIONS (continued):

6. Nursing Homes:

Nursing Home Regulations state, as a minimum requirement, 1.5 hours of nursing care per patient per day. In some nursing homes this may be sufficient. Others, however, have a number of heavy care patients, and, in some cases, an inconvenient physical layout places an extra burden on staff.

Instead of using the same yardstick for all nursing homes (1.5 hours nursing care), staffing levels should reflect the reality of the patient assessment, i.e. the amount of hands-on nursing care required by individual patients.

7. Residents' Councils and Family Support Groups:

There has been an increase in the number of residents' councils and family support groups, but there is still a need for more of these taking an active part in the programs of the institutions.

RECOMMENDATIONS (continued):

8. Mental Health:

There should be a closer relationship developed in the total care of patients being discharged from mental hospitals. There is not always the continuity of care which is necessary to help patients' integration into the community.

There are some excellent volunteer and Government programs, but there is no comprehensive system set up to monitor progress and help in day-to-day living.

The provision of more halfway houses and other similar programs could speed the ex-patients' recovery, and could relieve the pressure on mental hospitals by allowing for an earlier discharge. In some cases it may be practical for patients not to be admitted to hospital at all, but to live in a setting such as a halfway house while they are receiving treatment.

RECOMMENDATIONS (continued):

The move of Alberta Hospitals, Ponoka and Edmonton to the Department of Hospitals and Medical Care was a positive one. However, this seems to have caused some distance between patient care through Alberta Mental Health Services and the treatment received at the hospitals. It is our feeling that for a patient's recovery to be complete, continuity is essential.

Recent administrative and Board changes at Alberta Hospital Ponoka seem to be having a positive impact on the institution, although qualified medical staff are still badly needed.

We agree with the recommendation made in the Report of the Task Force to Review the Mental Health Act, December 1983 on the use of local and regional facilities as Designated Facilities, No. 1 (Observation and Assessment Facility), and Designated Facilities, No. 2 (Regional Psychiatric Facility). In the southern part of the Province, this could take some of the pressure off Alberta Hospital Ponoka.

RECOMMENDATIONS (continued):

9. Respite Beds:

Wherever possible, institutions should make available short term care for people normally cared for at home. Sometimes families need a vacation or a few days' relief.

MEMBERS OF THE COMMITTEE

Members are appointed by the Lieutenant Governor in Council.

Chairman: Dennis L. Anderson, M.L.A.

Vice Chairman: Colleen M. Wood, Edmonton

Members:
Ed Andersen, Marwayne
Betty Biddell, Medicine Hat
Louise Clare, Grimshaw
Bill Edgar, Olds
Brian Elliott, Grande Prairie
Carol Losie, Edmonton (Appointed September 1983)
Bernice McManus, Calgary
Carl Paproski, M.L.A. (Appointed November 1983)
Henry Rutkowski, Edmonton (Until August 1983)
Brian Wik, Calgary (Appointed June 1983)
Henry Woo, M.L.A. (From January 1983 to November 1983)
Bob Worden, Midnapore

Administrative Assistant: Amelia Griffin

New members appointed during the year were Mrs. Carol Losie, Edmonton, and Mr. Brian Wik, Calgary. Mr. Henry Woo, M.L.A., was a member from January 1983 to November 1983, when he was replaced on the Committee by Mr. Carl Paproski, M.L.A.

Mr. Henry Rutkowski's term of appointment expired in August 1983, and we wish to express our sincere appreciation to him for his valuable contribution to the work of the Committee.

OFFICE

The office of the Committee is on the 2nd Floor of the Pacific Plaza, 10909 Jasper Avenue, Edmonton, T5J 3M9. Telephone: 427-4924

GOVERNMENT OF THE PROVINCE OF ALBERTA

HEALTH FACILITIES REVIEW COMMITTEE ACT

CHAPTER H-4
REVISED STATUTES OF ALBERTA 1980

Printed by Queen's Printer

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HEALTH FACILITIES REVIEW COMMITTEE ACT

CHAPTER H-4

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

(a) "Committee" means the Alberta Health Facilities Review Committee and includes a subcommittee established under section 3;

(b) "hospital" means

(i) an approved hospital under the *Hospitals Act*,

(ii) any other hospital, institution or other facility for the treatment and care of persons that is owned and operated by the Government of Alberta, except those operated under the administration of the Minister of Social Services and Community Health or those that receive their current operating funds or part of them from a supply vote that is under the administration of a member of the Executive Council other than the Minister of Hospitals and Medical Care,

(iii) a contract nursing home as defined in the *Nursing Homes Act*, or

(iv) a home or unit operated under the *Senior Citizens Housing Act;*

(c) "Minister" means the Minister of Hospitals and Medical Care;

(d) "patient", with reference to a home or unit operated under the *Senior Citizens Housing Act*, means a person who resides in that home or unit.

1972 c49 s1;1973 c29 s2(2),(3);1974 c69 s3(2);1975(2); c21 ss1,4(a); 1977 c62 s12(1);1978 c73 s17;1978 c62 s3;1980 c22 s2;1980 c46 s18

Committee established

2(1) There is hereby established a committee called the "Alberta Health Facilities Review Committee" consisting of not more than 12 members appointed by the Lieutenant Governor in Council.

(2) The members of the Committee may include members of the Legislative Assembly who are not members of the Executive Council.

(3) An order appointing a member of the Committee may provide for his term of office but in the absence of such a provision, the term of office of a member is one year from the effective date of his appointment and thereafter until his successor is appointed.

(4) The Lieutenant Governor in Council shall designate one of the members of the Committee as chairman and another as a vice-chairman and, unless the order otherwise provides, the term of office of a chairman or vice-chairman so designated is one year from the effective date of the designation and until their respective successors are thereafter designated.

(5) The vice-chairman is the acting chairman of the Committee in the event of the absence or inability to act of the chairman or a vacancy in the office of chairman.

1972 c49 s2;1978 c62 s3

Sub-committees

3(1) The Committee may

(a) establish one or more sub-committees to perform those duties and functions and exercise those powers of the Committee prescribed by the Committee, and

(b) appoint as members of a sub-committee not less than 3 members of the Committee.

(2) When a sub-committee is established, the Committee shall designate a member of a sub-committee to preside over the sub-committee.

(3) A member of the Committee may be appointed to more than one sub-committee.

(4) A majority of the members appointed to a sub-committee constitute a quorum of the sub-committee.

(5) A decision or other action made or taken by a sub-committee at which its quorum is present is the decision or action of the Committee and binds all members of the Committee.

(6) Two or more sub-committees may act simultaneously.

(7) If a sub-committee is performing a duty or function or exercising its powers and one or more members of the sub-committee are absent during a portion of the time that the sub-committee is performing a duty or function or exercising a power, the remaining members of the sub-committee that are present may, if they constitute a quorum of the sub-committee, perform the duty or function and exercise the power of the sub-committee.

(8) Notwithstanding that a sub-committee is established under this

section, the Committee may also perform any duty or function or exercise any power that it prescribed the sub-committee to perform or exercise.

1980 c22 s3

Remuneration and expenses

4 The Lieutenant Governor in Council

(a) may prescribe the rates of remuneration payable to members of the Committee other than those who are employees of the Government or members or employees of an agency of the Government, and

(b) may authorize the payment of travelling and living expenses for members of the Committee while outside their normal place of residence in the course of performing their duties.

1972 c49 s3;1979 c18 s6

Staff

5(1) The Minister may appoint an employee of the Government under his administration as the Executive Director of the Committee who shall under the direction of the chairman of the Committee assist the Committee in carrying out its duties and functions and exercising its powers.

(2) The Minister shall provide to the Committee the services of employees of the Government under his administration and supplies for the purpose of carrying out secretarial, clerical and related work that the Committee may reasonably require to enable it to carry out its duties and functions and exercise its powers.

1972 c49 s4;1975(2) c21 s4(b);1977 c62 s12(1);1980 c22 s4

Meetings

6 The Committee may, with the approval of the Lieutenant Governor in Council, make rules governing the calling of its meetings, the quorum required at its meetings, the procedure at its meetings, and any other matter relating to the conduct of its business and affairs.

1972 c49 s5

Visiting hospital

7(1) The Committee shall from time to time visit all hospitals for the purpose of reviewing and inspecting them and the manner in which they are operated.

(2) The Minister may from time to time request the Committee to conduct a visit to a hospital for the purposes of reporting to the Minister on any matter that the Minister specifies in his request.

1972 c49 s6(1),(4);1980 c22 s5

Investigation of hospital

8 If a complaint is made to the Committee by or on behalf of a patient in a hospital, the Committee shall investigate the care and treatment and the standards of accommodation received by that patient or any other patient in the hospital.

1978 c62 s4;1980 c22 s5

Entry of hospital

9 For the purpose of carrying out a visit or an investigation under

this Act the Committee may enter a hospital at any reasonable hour.

1980 c22 s5

Inspection of hospital records

10(1) The Committee, with respect to a visit or an investigation under this Act, is entitled to access to the records of the hospital for the purpose of inspecting them, making copies of them or taking extracts from them.

(2) Subsection (1) does not apply to

(a) the financial records of the hospital that relate to the operation of the hospital, or

(b) the medical and clinical records of a patient unless the patient or his guardian gives his consent to those records being inspected.

1972 c49 s7;1980 c22 s5

Exemption

11 Nothing in this Act shall be construed as empowering the Committee or other person acting under this Act to inquire into the financial affairs of the hospital that relate to the operation of the hospital.

1972 c49 s6(6);1980 c22 s5

Persons acting on behalf of Committee

12(1) The Committee may authorize

(a) a member of the Committee to carry out a visit or investigation on behalf of the Committee, or

(b) subject to the approval of the Minister, an employee of the Government under the Minister's administration to carry out a specific inquiry on behalf of the Committee in respect of a visit or investigation.

(2) When a member of the Committee or other person has carried out a visit, investigation or specific inquiry on behalf of the Committee, that member or person shall report his findings to the Committee.

1972 c49 s6(5);1980 c22 s5

Complaint officer

13(1) The Committee may designate

(a) a member of the Committee, or

(b) with the approval of the Minister, an employee of the Government who is under the administration of the Minister,

as a complaint officer.

(2) The complaint officer shall on behalf of the Committee

(a) make preliminary inquiries, or

(b) if directed to do so by the chairman of the Committee, make investigations

into complaints received under section 8 and report the results of the inquiry or investigation to the Committee.

(3) Members of the Committee at the request of the chairman of the Committee may assist the complaint officer in the carrying out of his duties.

1980 c22 s5

Powers of Committee members

14 A member of the Committee or an employee of the Government carrying out a visit, investigation or other matter on behalf of the Committee has the same powers that the Committee would have if it were carrying out the visit, investigation or other matter.

1972 c49 s6(3);1980 c22 s5

Court order

15(1) If the Committee, a member of the Committee or an employee of the Government acting on behalf of the Committee is refused entry to a hospital for the purposes of conducting a visit or an investigation, the chairman of the Committee or a person designated by him may apply to the Court of Queen's Bench by originating notice for an order permitting the Committee, member or employee to

(a) enter the hospital at any reasonable hour and conduct the visit or investigation, and

(b) require the production of any records of the hospital, other than those referred to in section 10(2).

(2) An application under subsection (1) may be made ex parte, if the Court considers it proper to do so in the circumstances.

1980 c22 s5

Annual report

16(1) As soon as possible after the end of each year, the Committee shall prepare and submit to the Minister a report summarizing its activities in that year.

(2) On receiving a report under subsection (1), the Minister shall lay a copy of the report before the Legislative Assembly if it is then in session, and if not, within 15 days after the commencement of the next ensuing session.

1972 c49 s8

Act binds Crown

17 This Act binds the Crown.

1980 c22 s6